



A

Atty. Dkt. No.: 34477.2

USSN: Unassigned

Inventor: M. Michael Wolfe, *et al.*

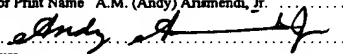
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

M. MICHAEL WOLFE, *et al.*

Entitled: *Specific Antagonists for Glucose-Dependent Insulinotropic Polypeptide (GIP)*

To the Assistant Commissioner  
for Patents  
**Box Patent Application**  
Washington, D.C. 20231

CERTIFICATE OF MAILING BY EXPRESS MAIL
"EXPRESS MAIL" Mailing Label No. E1637428712US .....
Date of Deposit December 3, 1997 .....
I hereby certify that this paper or fee is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231
Type or Print Name A.M. (Andy) Arismendi, Jr. ....
 Signature .....

Dear Sir:

APPLICATION FOR U.S. PATENT TRANSMITTAL FORM

This application claims the benefit under 35 U.S.C. § 119(e) of U.S. Provisional Application No. 60/032,329, filed December 3, 1996.

Transmitted herewith for filing are the following documents:

1. Application for "*Specific Antagonists for Glucose-Dependent Insulinotropic Polypeptide (GIP)*", including 23 pages of specification, 3 pages of claims (numbered 1-17), an Abstract (1 pg.), and 10 sheets of drawings (Figs. 1-9);
2. An Declaration and Power of Attorney (unexecuted);
3. A copy of the Verified Statement (Declaration) Claiming Small Entity Status (37 C.F.R. § 1.9(e) and §1.27(d)) - Nonprofit Organization, as filed on April 9, 1997;
4. A copy of the Notice of Recordation and Assignment as recorded on May 21, 1997 at Reel/Frame 8513/0911; and

Atty. Dkt. No.: 34477.2  
 USSN: Unassigned  
 Inventor: M. Michael Wolfe, *et al.*

5. Our check in the amount of \$595.00.

### Fee Calculation

					SMALL ENTITY RATE		LARGE ENTITY RATE			
BASIC FEE				\$ 395.00	<u>OR</u>	\$	=	+\$ 395.00		
					NUMBER FILED		NUMBER EXTRA			
TOTAL CLAIMS	17	-20	=	0 (at least 0)	x 11	<u>OR</u>	x 22	=	+\$0.00	
INDEP. CLAIMS	8	- 3	=	5 (at least 0)	x 40	<u>OR</u>	x 80	=	+\$ 200.00	
If any <u>proper</u> multiple dependent claim (ignore improper) is present (Enter \$0.00 if this is a <u>reissue</u> application.)					+\$130	<u>OR</u>	+\$260	=	+\$ 0.00	
TOTAL FILING FEE										=\$ 595.00

The Commissioner is hereby authorized to charge any fee specifically authorized hereafter, or any missing or insufficient fee(s) filed, or asserted to be filed, or which should have been filed herewith or concerning any paper filed hereafter, and may be required under 37 CFR 1.16-1.18 (missing or insufficiencies only) now or hereafter relative to this application and for the resulting Official Document under 37 CFR 1.20, and to have and cause any necessary petition for extension of time to be filed and any fees necessary to be paid for said extension of time OR credit any overpayment to our Deposit Account No. 10-0447/34477.2-PJM, for which purpose a duplicate copy of this sheet is attached. **The Commissioner is not authorized to charge the issue fee until/unless an issue fee transmittal form is filed.**

Atty. Dkt. No.: 34477.2

USSN: Unassigned

Inventor: M. Michael Wolfe, *et al.*

Please direct all future communication concerning this application to:

Peter J. Manso  
Jenkins & Gilchrist, P.C.  
1445 Ross Avenue  
Suite 3200  
Dallas, Texas 75202-2799

Respectfully submitted,

JENKENS & GILCHRIST, P.C.

Date: December 3, 1997

By: Peter J. Manso  
Peter J. Manso

Reg. No. 32,264

\*signed with permission by A.M. (Andy) Arismendi, Jr., Reg. No. 31,715

*Andy Arismendi, Jr.*

Jenkins & Gilchrist, P.C.  
1445 Ross Avenue  
Suite 3200  
Dallas, Texas 75202  
(713) 951-3375  
(713) 951-3314 (fax)